

Sevier County Corrective Action Form

Name: _____

Date: _____

Job Title: _____

Supervisor: _____

Level of Corrective Action:

Warning(Verbal/Written)

Suspension

Probation

Problem(s):

Objective:

Solution/ Action:

Employee's Comments (you may use a separate sheet if necessary):

Re-evaluation meeting scheduled for:

Any other discrepancies may result in further disciplinary action, including termination. A copy of this corrective action will be placed in your personnel file for reference.

I have read and understand the problem, objective and actions needed to correct this discrepancy.

Employee's signature: _____ Date: _____

Supervisor's signature: _____ Date: _____